



Complete Summary

TITLE

Influenza immunization: percent of applicable patients receiving influenza immunizations between September 1, 2004 and January 31, 2005 (NEXUS clinics cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure assesses the percent of eligible patients receiving influenza immunizations between September 1, 2004 and January 31, 2005.

RATIONALE

Epidemics of influenza typically occur during the winter months in temperate regions and have been responsible for an average of approximately 36,000 deaths/year in the United States during 1990-1999. Influenza viruses also can cause pandemics, during which rates of illness and death from influenza-related complications can increase worldwide. Influenza viruses cause disease among all age groups. Rates of infection are highest among children, but rates of serious illness and death are highest among persons aged greater than 65 years and

persons of any age who have medical conditions that place them at increased risk for complications from influenza.

Influenza vaccination is the primary method for preventing influenza and its severe complications. In a report from the Advisory Committee on Immunization Practices (ACIP) the primary target groups recommended for annual vaccination are 1) persons at increased risk for influenza-related complications (e.g., those aged greater than or equal to 65 years and persons of any age with certain chronic medical conditions); 2) persons aged 50 to 64 years because this group has an elevated prevalence of certain chronic medical conditions; and 3) persons who live with or care for persons at high risk (e.g., healthcare workers and household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk). Vaccination is associated with reductions in influenza-related respiratory illness and physician visits among all age groups, hospitalization and death among persons at high risk, otitis media among children, and work absenteeism among adults. Although influenza vaccination levels increased substantially during the 1990s, further improvements in vaccine coverage levels are needed, chiefly among persons aged less than 65 years who are at increased risk for influenza-related complications among all racial and ethnic groups, among blacks and Hispanics aged greater than or equal to 65 years, among children aged 6 to 23 months, and among healthcare workers. ACIP recommends using strategies to improve vaccination levels, including using reminder/recall systems and standing orders programs.

PRIMARY CLINICAL COMPONENT

Influenza; immunization

DENOMINATOR DESCRIPTION

Eligible patients from the NEXUS Clinics cohort sampled (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator receiving influenza immunizations from September 1, 2004 to January 31, 2005 (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than 49 years (or younger if clinically indicated [see "Denominator Inclusions/Exclusions" field])

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" field.

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

See "Rationale" field.

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Eligible patients from the NEXUS Clinics cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Eligible patients from the NEXUS Clinics cohort sampled*

*Eligible patients: Meets NEXUS Clinics cohort selection criteria** AND are any one of the following:

- Age greater than 49 by January 1, 2004 (FY05 -- Influenza shortage required vaccine to be prioritized to age greater than 65 years or co-morbidity, including Spinal Cord Injury & Disorder [SCI&D] diagnosis as a co-morbidity)

OR

- Diagnosis of chronic cardiopulmonary disorder, metabolic disease (including diabetes mellitus), hemoglobinopathy, renal dysfunction or immunosuppression, 2nd or 3rd trimester pregnancy.

**Refer to the original measure documentation for patient cohort description and sampling size strategy.

Exclusions

Exclude patients that have any one of the following:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based hospice program
- Documented in the medical record a life expectancy less than 6 months

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator receiving influenza immunizations from September 1, 2004 to January 31, 2005*

*Note:

Influenza Immunization:

- Documentation in medical record, Current Procedure Terminology (CPT) codes 90658 (split virus), 90659 (whole virus), or 90660 (administered intra-nasally)

OR

- Historically: If the patient reports influenza immunization was obtained privately, data recorded that immunization was received elsewhere is acceptable. Documentation should include date as much as possible, at a minimum 'fall or autumn' and year.

Patient refusals count against the facility.

Exclusions

Allergies or contraindications don't count for or against the facility.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2005 targets for influenza immunization (NEXUS Clinics cohort):

- Facility Floor: 60%
- Meets Target: 79%
- Exceeds Target: 82%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Immunizations - influenza.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Infectious](#)

MEASURE SUBSET NAME

[Immunizations](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Dec

REVISION DATE

2005 Mar

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Immunizations - Influenza," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003. This NQMC summary was updated by ECRI on November 9, 2004. The information was verified by the measure developer on December 10, 2004.

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